

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32363**

FILED SEP 19 1952

| | | | | | | | |
|---|----------------------------------|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 240 | | PRIMARY REG. DIST. NO. 5827 | | Registrar's No. 31 | |
| 1. PLACE OF DEATH a. COUNTY New Madrid | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewis, Twnp. | | c. LENGTH OF STAY (In this place) 1923 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lilbourn | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lewis store Highway 61 & D | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | b. (Middle) A. | | c. (Last) Husk | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 10 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown | | 8. DATE OF BIRTH About 1887 | | 9. AGE (In years last birthday) About 65 or UNDER: Year _____ Months _____ Days _____ Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Unknown | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Lewis Lilbourn, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical Attendant ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by all recent death DUE TO (c) Massive bleed to II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Circute Myocarditis | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 431X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 p. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) L. S. Hodgkinson 3 | | | | 23b. ADDRESS New Madrid, Mo. | | 23c. DATE SIGNED Sept 11 1952 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-11-52 | | 24c. NAME OF CEMETERY OR CREMATORY Mounds Park | | 24d. LOCATION (City, town, or county) (State) Lilbourn, Mo. | |
| DATE REC'D BY LOCAL REG. 9-14-1952 | | REGISTRAR'S SIGNATURE H. L. Ponder Deputy | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ponder Funeral Home-Lilbourn, Mo. | | | |

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Homer L. Ponder

Licensed Embalmer No. *3367*

P. O. Address *Lilbourn, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.